			-			
$\Box \Delta$	m	ρn	d١	m	n	ť.

## U.S. DEPARTMENT OF THE INTERIOR

BUREAU BLM

D'Amendment:	0.3.		Certification Form		nitiated
Traveler's Name, Phon	ne & Fax Number:				
Position Title, Gr	ade, Duty Station:				
Country (use & sheets for more than three)		Majo	r Cities to be visited	Dates of Travel	
□ Pr	simbursable Agreement (PA rofessional/Scientific Meetin kplain objective of trip, role	ngs 🔲 Fiel	d Work X Oth	oloyee Training/Development  er_Exchange Program equences if travel do not occur, etc.	Bureau Clearance and Control Numbers For Bureau Use Only:
Costs During Travel Perio	d V	Will other donor or em	ployee reimburse cost?_XY	es*No (If "yes", complete foll	owing)
	1	Name of Donor:	1.	2.	
Salary	\$ 5	Salary:	\$	\$	
Per Diem	\$	Per Diem	\$	\$	
Transportation	\$ 7	Transportation:	\$	\$	
Other (Conf. Fees, etc.)	\$	Other (Conf. Fees, etc.	) \$	\$	
TOTAL	\$ 7	TOTAL:	\$	\$	
*Use of non-Federal funds requ	uires additional clearances unde	r 31USC Section 1353			
items not checked below:  1. X Travel is limited to  2. X Clearance by the U  3. X Traveler will issu  4. Annual leave of mo  5. No other Bureau en	o the minimum necessary to US Mission/Embassy has be e a report within ten (10) d ore than one workday is des mployees are known to be t	o accomplish the agender requested and travelays of return to be dissectibed here or is attactively at this time.	cy's program (41 CFR 301); el will not occur if US Mission/Entributed to interested officials to shed:  If not checked, give name of the o	other bureau officials to attend.	
((Director, Office of Fire	&Aviation)	( Date)	(Signature of Head of Bureau)	(D	ate)
Approved:			Concur:		
(Assistance Secretary)		(Date)	(Assistance Secretary TIA)	(Date)	